



**Town of Burlington
29 Center Street
Burlington, MA 01803**

EQUAL OPPORTUNITY (EO) POLICY
REASONABLE ACCOMMODATION REQUEST FORM

Name: _____

Dept. _____

Supervisor: _____

Position: _____

1. What specific accommodation are you requesting?

1a. If unsure, do you have any suggestions that we can explore? Yes No

1b. If yes, please explain:

2. Is your accommodation request time sensitive? Yes No

2a. If yes, please explain:

3. Please identify your limitation(s)

4. What is the expected duration of this limitation?

5. What, if any, job function(s) are you having difficulty performing due to this limitation? _____

6. What, if any, employment benefits (i.e. parking, architectural barriers, etc.) are you having difficulty accessing?

7. Have you previously received an accommodation for this limitation?
Yes No

7a. If yes, what were they and how effective were they?

8. Please provide additional information that might be helpful to process your request.

Signature

Date

Return this form to:

**Joanne M. Faust, Civil Rights Coordinator and
Human Resources Director
Town of Burlington
29 Center Street Burlington, MA 01803
TEL: (781) 505-1160
EMAIL: jfaust@burlington.org**

The Town of Burlington is committed to providing reasonable accommodations for qualified individuals with disabilities in a fair and equal manner and in accordance with applicable federal and state law, unless doing so represents an undue hardship.